Erie St. Clair **LHIN**
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Erie St. Clair Local Health Integration Network

Annual Report 2013-14

For the year ending March 31, 2014

Ontario
Erie St. Clair Local Health Integration Network
Réseau local d'intégration des services de santé d'Érié St. Clair

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Message from the Board Chair and CEO

As we review our accomplishments over the past year and reassess our goals for the future, we see the multiple channels through which the Erie St. Clair Local Health Integration Network (ESC LHIN) has worked to improve health care throughout the region. Our name includes the term "integration," and we live by the belief that partnerships are the key to success.

Some of our greatest achievements have been realized through partnership and integration initiatives such as Health Links. This program brings primary care, hospitals, and community care providers together to offer comprehensive services to patients with the most complex medical needs. This type of care is only possible if all providers work collaboratively toward common, patient-centred goals.

As hospitals begin to refocus their services back to acute care, the ESC LHIN is committed to strengthening health care in our community. Continued investment in community care and supports will relieve pressure from our hospitals, and better supporting the community sector will result in healthier people.

As we move into 2014-15, we will continue to focus on partnerships and, as well, will take the time to fully consider the patient experience. We can learn a lot about how to improve quality and build a more coordinated health care system from patients' and residents' health care experiences. Indeed, we believe that through understanding the patient experience we will better understand how we can improve health care at the local level.

We invite you to further explore how the ESC LHIN is working with our 82 health service providers to build a stronger local health care system through better care, better experiences, and better value.

Sincerely,

Martin Girash, Board Chair

Gary Switzer, Chief Executive Officer

Introduction to the Erie St. Clair LHIN

The ESC LHIN is one of 14 Local Health Integration Networks in Ontario. The LHINs were established in 2006 to manage the planning, integration, performance, and funding of the health care system. This responsibility includes services delivered by:

- hospitals
- long-term care (LTC) homes
- Community Care Access Centres (CCACs)
- community support service (CSS) agencies
- mental health and addictions agencies
- Community Health Centres (CHCs)

Population Health Profile

The health service needs of Erie St. Clair residents are significantly different from those of Ontario as a whole. Compared to the province, Erie St. Clair has:

- a higher proportion of seniors
- a lower proportion of individuals in the 25- to 39-year-old age group
- a significantly higher incidence of overweight and obese individuals
- a slightly higher proportion of individuals with poor lifestyle habits such as smoking, drinking, poor nutrition, and inactivity
- significantly higher rates of chronic conditions such as cardiovascular diseases, cerebrovascular diseases, diabetes, high blood pressure, chronic obstructive pulmonary disease (COPD), and arthritis
- significantly higher rates of hospitalization, potential years of life lost, and death due to higher rates of tumours and circulatory disease

Service Area

The Erie St. Clair LHIN serves approximately 640,000 people in the regions of Chatham-Kent, Sarnia/Lambton, and Windsor/Essex. Although these regions are independent and each has unique qualities, they also share many commonalities, such as being surrounded on three sides by the Great Lakes. The area's urban-rural mix is economically dependent upon the agricultural, petrochemical, and automotive industries. As well, the region's American neighbours not only influence the local economy and trade, but also affect the use and perception of health care.

Windsor/Essex comprises 62% of the population; Sarnia/Lambton, 20%; and Chatham-Kent, 18%. The population includes immigrants (18.1%), seniors (15.8%; those aged 65+), Francophones (3.3%), and Aboriginal peoples (2.4%).

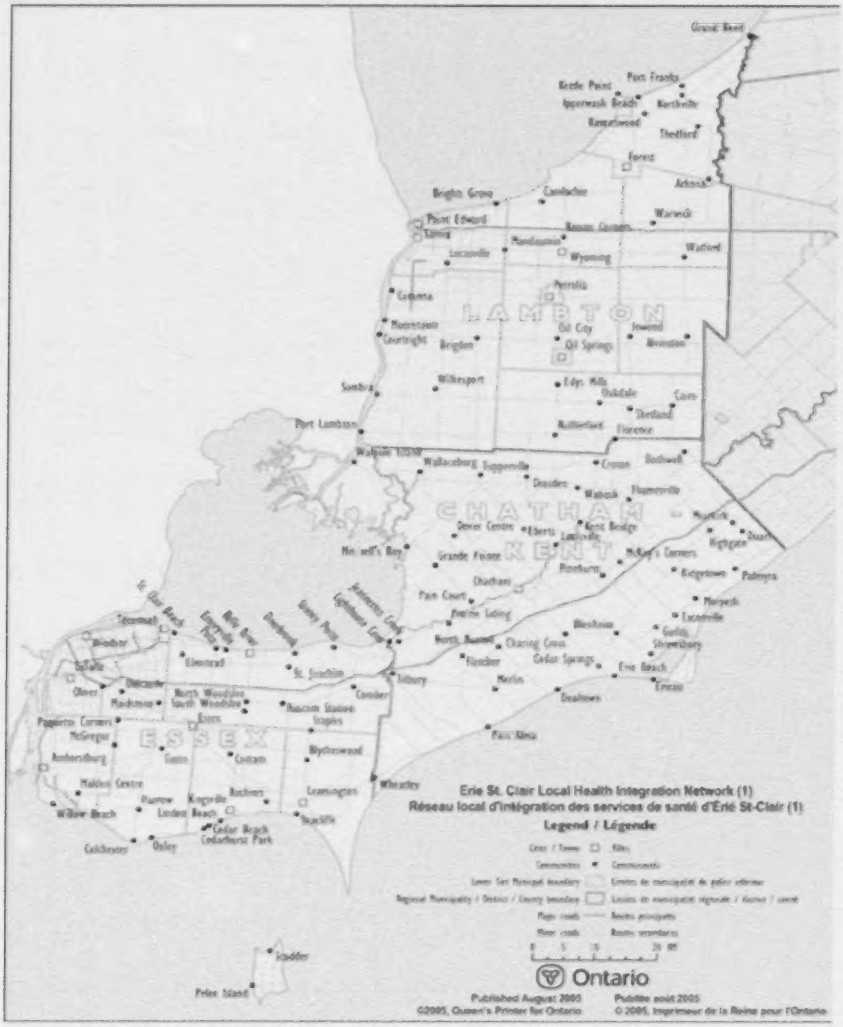

Figure 1: Map of the Erie St. Clair LHIN Region

Erie St. Clair
Immigrants 18.1%
Seniors 15.8%
Francophones 3.3%
Aboriginal peoples 2.4%

Figure 2: Background of Erie St. Clair Region Residents

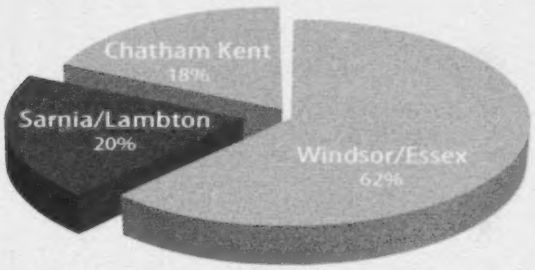

Figure 3: Population Breakdown, Erie St. Clair

Ministry and LHIN Initiatives

In alignment with the Minister's Action Plan for Health and the ESC LHIN Strategic Plan 2012-15, the Integrated Health Services Plan (IHSP) is the local strategy that outlines a three-year plan to improve health care in the region. From the IHSP, the ESC LHIN Annual Business Plan elaborates on which initiatives will be put into action in our fiscal year.

The 2013-14 Annual Business Plan and the 2013-16 IHSP highlight several key areas for improvement, including:

- improved outcomes in emergency departments (EDs)
- improved outcomes in alternate level of care (ALC)
- improved outcomes in chronic disease management
- improved outcomes in mental health and addictions

Additionally, the Annual Business Plan focuses on rehabilitation care and hospice palliative care.

The following section outlines the progress and accomplishments made throughout the 2013-14 fiscal year.

Emergency Department Care

The ED is one of the busiest and most complex areas of any hospital. It is a place where lives are saved and lost, and where people come to find care and, and where they come to find hope. Most importantly, EDs are the one hospital resource that must be available when people need it most.

Addressing wait times in the ED is a complex task. There is no single reason why patients wait, nor is there one specific path to improvement. A key challenge for EDs is keeping patient flow to the hospital open, so that those who need care most will receive it first. The goal in improving ED wait times is therefore to minimize the length of time a patient waits from the moment he or she is assessed in triage to the point, if necessary, he or she is admitted to a hospital bed.

ESC LHIN ED wait times have improved as a result of the province's pay-for-performance program, which uses process-improvement strategies, monitored through key indicators, to improve performance. To put it simply, if we know where we are doing well and where we are not, we can focus on the areas in need of greatest improvement and then measure the results. The ESC LHIN

continues to work on patient flow in order to improve wait times. Hospitals are challenged by patients who have a high level of complex needs requiring hospital admission. They are also challenged by people who are waiting for their next destination, or ALC.

Areas of focus for ED improvement include:

- shorter wait times
- improved patient flow within the hospital setting
- individualized discharge plans created in collaboration with community partners and primary care

To help support the complex needs of individuals, a multi-disciplinary team of health care professionals works together to improve ED wait times. These professionals include:

- physicians
- nurse practitioners
- nurses
- physician assistants
- pharmacists
- geriatric emergency management (GEM) nurses
- mental health nurses
- CCAC care coordinators

Through collaboration and a shared-care model, patients are able to have their health needs addressed more quickly and completely, while reducing the time they spend in the ED.

When someone needs care, the ED is not always the best option, but it may be the only one. The ESC LHIN has made investments in community care and in connecting people with family doctors and nurse practitioners through a program called Health Care Connect. By focusing on primary health care, chronic disease management, and mental health and addictions strategies, the LHIN is ensuring that people's health care needs are met in a more appropriate setting than the ED.

If other options are available, non-urgent care can often be provided in a more appropriate setting. In an emergency, the ED is the best place to receive care, however.

Alternate Level of Care

Providing the right care in the most appropriate setting is what ALC is all about. Reducing the number of days a patient is receiving care in a hospital when another type of care or location would be better suited to the patient is a complex challenge. Alternate level of care continues to be a LHIN priority because investments in this area not only benefit the health care system, but also make a big difference to patients' overall quality of life and health outcomes.

Striving to better address ALC led to the implementation of the Home First philosophy and Dr. Samir Sinha's Seniors Strategy initiatives. These excellent strategies outline how to support patients to return home safely with the right supports. Through a menu of community and restorative services, care is tailored specifically to the needs of the patient.

In order to accomplish this, complex discharge review teams were created in all five ESC LHIN hospitals. These teams share the same philosophy of discharge planning and work with community partners to arrange for services after hospital. They also work with physicians to identify patients at high risk of readmission. Once home, the CCAC navigates patients through various programs by

continually assessing their health care needs. Having more care options available in the community means improved quality of care.

Although there is still work to do, ESC LHIN hospitals are becoming more efficient at flowing patients through acute care, post-acute care, and transitional care in order to optimize bed use. This ensures that hospital beds are available to patients needing a hospital admission through the ED, after surgery, or for acute medical issues. To help improve flow through the hospitals, the ESC LHIN has invested in sub-acute programs and beds in hospital and in the community, to support patients safely returning to their homes.

Additionally, the ESC LHIN has invested in community restorative programming; an excellent example is the ESC LHIN Convalescent/Restorative Care Program. This program:

- consists of 53 beds region-wide
- is available for short stays of up to 90 days
- focuses on function, restoration, and prevention

In addition:

- programs are available in Windsor/Essex, Chatham-Kent, and Sarnia/Lambton.
- beds can be accessed through the CCAC.

Over the past fiscal year, the health care system has garnered a better understanding of who the ALC population is. As well, the ESC LHIN has done a better job of supporting patients in the community, and health care providers have come together to develop a common thinking around discharge. All of these improvements will ultimately lead to better flow, shorter wait times, and improved care.

Mental Health and Addictions

Through the work of a multi-agency task force, the 2012 ESC LHIN Adult Mental Health Strategic Plan has now been transformed into a multi-year implementation strategy. Through engagement with the community and health care providers, the ESC LHIN has become aware of the gaps in service and has invested extensively in improving local access to mental health and addiction services. While many improvements still need to be made, the following programs have assisted in improving mental health and addictions care in our region.

Rapid Assessment Intervention Treatment (RAIT)

RAIT is a multi-disciplinary mobile team of the Chatham-Kent Health Alliance and the Canadian Mental Health Association Lambton-Kent that services all communities in Chatham-Kent and Sarnia/Lambton. The team responds to referrals from primary care practitioners by providing onsite and in-home consultation on the client's mental health and/or addictions care needs, and can include the services of a psychiatrist. It is hoped that once success is proven, the model can be expanded LHIN-wide.

Inner-City Model

In Windsor, planning has continued, community and stakeholder consultation has occurred, and site selection is underway in the effort to open the doors of a new transitional stability centre. This service will provide care to the most vulnerable and often transient mental health clients, and will offer:

- short-stay bedded programs
- outreach that follows clients for two years, no matter where they live

It is hoped that the new program will improve care for those who are most affected by mental illness, while reducing ED use and readmission.

Child and Youth Mental Health Lead

Addressing the unique mental health needs of children and youth is critical in the ESC LHIN. A clinical psychologist was hired to assess the transitional points in the system for a youth in crisis, from the ED, to admission to hospital, and/or to the start of community care. What this means for the patient is that care will be improved by ensuring that consistent best practices are used in all three counties.

Psychiatric Lead

Through the dedicated services of a regional Psychiatric Lead, the ESC LHIN and its mental health partners will be able to put an increased focus on improving mental health care in the region and will work with the lead psychiatrist to implement recommendations from our local Mental Health Strategic and Implementation Plan.

House of Sophrosyne

Because of increased funding to the LHINs, an expanded Caring Connections program now provides a counselor in each of the ESC LHIN counties to work with pregnant or parenting women who have addictions. Free parenting programs are provided throughout the ESC LHIN. The Caring Connections program is a partnership between the House of Sophrosyne, the Ministry of Children and Youth Services (MCYS), local municipalities, and the Children's Aid Society. The ESC LHIN also invested in additional residential treatment beds, short-stay housing, and increased staffing for pregnant women with addictions.

Westover Second Stage Recovery/Relapse Prevention Program

New funding for the ESC LHIN helped us create a six-day residential program that addresses the challenges that patients face when dealing with their recovery process after they have completed the initial residential-recovery program. The new Second Stage Recovery/Relapse Prevention Program is one of only two offered in Ontario and is designed to help patients regain the tools they need to succeed in recovery, and to maintain sobriety.

Withdrawal Management Services

This newly funded program in Sarnia/Lambton was the result of three months of extensive research and consultation, which determined that there was a clear need in Sarnia/Lambton for local withdrawal management services. As a result, the ESC LHIN committed up to $1.9 million in annualized operating funding. The first phase of this funding went toward the establishment of community and day programs. The second phase will be used to support a proposed 16-bed

withdrawal management residential treatment facility. The new community and day programs, and the residential treatment facility, will be operated by Bluewater Health and will treat a minimum of 420 patients per year.

Behavioural Supports Ontario (BSO)

BSO was developed to enhance services for older people with responsive behaviours linked to cognitive impairments. Through the development and implementation of new models designed to focus on quality of care and quality of life for this population, BSO allows local health service providers (HSPs) to hire new staff nurses, personal support workers, and other health care providers, and to train them in the specialized skills needed to provide quality care to these residents/clients.

All LTC homes in Erie St. Clair have implemented the BSO program and over 700 cross-sector professionals have been trained. To date, approximately 700 residents have been served by a combination of BSO Lead Team members, Geriatric Mental Health Outreach Team (GMHOT) staff, and/or System Navigators. With the help of GMHOT, BSO program services have expanded into community rest and retirement homes. The ESC LHIN has four LTC BSO Lead Teams, three GMHOTs, and three System Navigators.

With ESC LHIN funding, the Erie St. Clair CCAC also hired a CCAC BSO Care Coordinator to help transition ALC patients with responsive behaviours into long-term care or rest and retirement, or to move back home with community supports.

Chronic Disease Management

In Ontario, and in Erie St. Clair, because of complexity of their medical conditions, 5% of people consume 66% of health care spending. It is therefore essential that we improve patient care and overall population health through better care coordination, enhanced care quality, and standardization of evidence-based care pathways.

The ESC LHIN is working on the implementation of regional chronic disease management care pathways and service delivery models to better support improved health outcomes.

Compared to the province, the Erie St. Clair population has higher rates of arthritis, asthma, diabetes, hypertension, mood disorder, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), and heart disease. Of these conditions, the largest proportions of ED visits are associated with arthritis, heart disease, and COPD.

During the past year, a number of chronic disease prevention and management working groups were established, in order to improve the coordination and sustainability of health care services. These groups achieved a number of goals, including:

- the advancement of an ESC LHIN-wide standardized best practice care path focusing on CHF, COPD, stroke, and diabetes
- the establishment of better defined care roles and accountabilities amongst providers
- the development of an ED/hospital standardized discharge toolkit for COPD and CHF

- the implementation of a centralized intake and single point-of-care access for residents with COPD and CHF
- the advancement of culturally based models of care
- formalized approaches to chronic disease prevention, with an increased focus on modifiable behaviours such as smoking and lifestyle choices

By focusing on prevention and improved chronic disease management, people will live longer and have an improved quality of life, and services can be provided more efficiently within the health care system.

Community Support Services

The ESC LHIN continues to make investments in programs that help people live healthy, independent lives at home. Through the Home First Strategy and many other community investments, the ESC LHIN has remained committed to the philosophy that "home is good medicine," and that seniors in our community prefer to live at home as long as possible.

Investment in the community sector has been a priority for the ESC LHIN in the 2013-14 fiscal year, with over $14 million going into community investments and patient-care services through the CCAC. This year marked a shift in ESC LHIN funding, and planning priorities now focus on community care; at the same time, we continue to work on increased efficiencies within acute-care and post-acute programs.

Some of our 2013-14 community investments included:

- **Assisted living:** Continued investment in assisted-living programs help individuals live more independently in their own homes. These programs also assist in maintaining hospital and long-term care bed capacity, because more people were able to live in their own homes and in non-institutional settings with community supports this year over previous years.
- **Transportation:** A $1-million investment this year has allowed all eight ESC LHIN-funded transportation providers to receive new vehicles, which will replace aging fleets. The vehicles were purchased through a joint procurement process, in order to ensure consistency and receive the best value for the dollar. Additionally, funds were invested to help support unanticipated costs so that health-related transportation services are affordable for everyone who needs these services.
- **Bulimia Anorexia Nervosa Association/Windsor-Essex Community Health Centre (BANA/WECHC) Eating Disorders Program:** Access to care has been improved through the use of a single phone number to access eating disorders treatment programs; as well, redefined responsibilities based on clinical expertise have been implemented.
- **Medical supplies for CHC clients:** Some CHC clients cannot afford essential medical supplies. Through an investment from the ESC LHIN, the North Lambton, Grand Bend, Windsor Essex, and Chatham-Kent CHCs are now able to offer basic medical supplies to clients with the greatest needs.
- **Mobile wellness:** Building on the success of the program in Sarnia/Lambton, the ESC LHIN also invested in a similar program in Chatham-Kent. Mobile wellness programs address health concerns in a timely manner at home, which means fewer trips to the ED for patients and an improved quality of life.

- **Telehomecare:** The ESC LHIN Board approved $500,000 for equipment costs to implement a Telehomecare initiative. Telehomecare provides enhanced virtual monitoring to fragile seniors with chronic diseases.
- **CCAC:** Continued investments into the CCAC allowed for increased home care services.

Rehabilitative Care

Rehabilitative care is a process of treatment provided either by a single discipline or an interdisciplinary team. The team may include nurses, physiotherapists, occupational therapists, speech language pathologists, rehabilitation assistants, recreation therapists, social workers, dietitians, pharmacists, psychologists, physiatrists, and geriatricians.

Rehabilitation is typically required following an acute illness or injury, or because of health and functional changes resulting from chronic disease or disability. The goal of the rehabilitative system is to restore the patient/client to the highest level of independence and functioning, and then to maintain him or her at that level. Ideally, the goal of every rehabilitative patient/client is to return home or to an assisted-living setting.

Recognizing the important role that rehabilitative care occupies within the health care system, the ESC LHIN created the Erie St. Clair Rehabilitation Network. The Network is an ESC LHIN-wide working group engaging key system stakeholders from hospital and community rehabilitative care sectors. Work began in February 2013 toward building a coordinated and sustainable system of rehabilitative care, as outlined in the 2012 ESC LHIN Rehabilitation System Strategic Plan. The goals include:

- improving the health of the population
- enhancing the patient experience
- reducing, or at least controlling, the cost of rehabilitative care
- ensuring that service providers have specialized expertise and work to their full scope of practice at all stages of care
- improving uptake on best practice interventions to optimize recovery and outcomes
- focusing more on prevention and risk reduction
- ensuring that timely access to rehabilitative care is available for both urban and rural residents
- standardizing care pathways
- improving self-management care
- identifying the earliest rehabilitation opportunities intended to restore functioning and get people home in a timely manner

Three priority patient populations were the LHIN's focus during the first year:

1. patients with stroke
2. patients with orthopaedic conditions, especially hip fracture
3. medically complex/frail seniors

Five working groups were established in order to advance year-one initiatives:

- Stroke Best Practices (Windsor-Essex Stroke Working Group)

- Hip Fracture Best Practices
- Inpatient Rehabilitation Admission and Discharge Criteria
- System Evaluation — Utilization and Indicators
- Outpatient and Community Rehabilitation

The Erie St. Clair Rehabilitation Network has also been integrating its work with the ESC LHIN chronic disease prevention and management initiatives that are underway, and was supportive of the new physiotherapy reforms that occurred this year.

It is clear that excellent work is happening, partners are coming together, and that, ultimately, rehabilitative care will be improved for local patients.

End-of-Life Care

Erie St. Clair has a long history of pockets of excellence in hospice palliative care (HPC) service delivery. Building on this excellence, a great deal of new HPC program development and integration has taken place since the inception of the ESC LHIN.

The ESC LHIN has worked with and supported the ESC End of Life Care Network (EOLCN; now the ESC Hospice Palliative Care Program/Network) and its members to prioritize and implement improvements. Some of these improvements are cited below.

New Funding

The ESC LHIN funded three major program elements: Palliative Care Consultation Teams (PCCTs), an education collaborative, and new residential hospices in Leamington and Chatham-Kent. Additionally, the ESC LHIN funded a Nurse Liaison role in Windsor/Essex; this nurse serves as a connector between hospices and hospitals. The ESC LHIN also provided funding to Windsor/Essex CMHA to enhance bereavement services.

Hospital HPC Development

All hospitals in Erie St. Clair have continued to enhance their HPC services. Bluewater Health in Sarnia has formalized its inpatient HPC beds within an integrated care unit and has recently added a consultation service to serve all units (including the intensive care unit, ED, etc.). Chatham-Kent Health Alliance has improved its supportive-care program to include nurse experts and to maintain six inpatient HPC beds. Leamington District Memorial Hospital has consultation expertise and is working closely with the community to develop shared services with the emerging hospice. Windsor hospitals have committed to providing enhanced HPC services as part of their current restructuring activities.

Community HPC Development

CCAC and community service providers have enhanced HPC services through their mobile PCCT. This has allowed more people to die at home, surrounded by loved ones and familiar comforts.

Long-Term Care Homes

Long-term care homes in Erie St. Clair received significant HPC education (a pilot project in Sarnia/Lambton has a formal evaluation underway).

Hospices

The ESC LHIN currently provides operational funding for two residential hospices in Erie St. Clair: the Hospice of Windsor/Essex and St. Joseph's Hospice in Sarnia/Lambton. Additionally, the ESC LHIN also committed new operational funding for two future hospices in Erie St. Clair, which will be opened in Chatham-Kent and in Leamington within the next three years.

Education

The ESC Hospice Palliative Care Education Subcommittee developed an HPC education strategy to assist with coordinating HPC education across the region.

Provincial HPC Work

The ESC LHIN CEO, Gary Switzer, continued to participate in the development of the provincial-level document *Advancing High Quality, High Value Palliative Care In Ontario, A Declaration of Partnership and Commitment to Action* (December 2011), which was adopted as a roadmap for enhanced HPC service delivery in Erie St. Clair and across Ontario.

Across the Erie St. Clair region, targets have been set and met with outcomes on measurable, published indicators being generally better than the provincial averages. All of the recommendations of the 2009 five-year Strategic Plan have been addressed and ongoing priorities and action plans are included in the work plans of the ESC Hospice Palliative Care Program/Network.

In keeping with the action commitments articulated in this declaration document, Erie St Clair is now developing a more formal regional program, including refreshing the Strategic Plan.

Orthopaedic Plan

In an aging population, maintaining mobility in seniors leads to greater independence and healthier lives. In the Erie St. Clair region, improving orthopaedic surgery wait times is important to the community, to surgeons, and to the ESC LHIN.

In order to work together and make improvements, the ESC LHIN convened a Regional Orthopaedic Surgery Steering Committee (ROSC), a three-year strategic initiative to develop a new, high-functioning orthopaedic care system. Collectively, this system will promote a safe, effective, appropriate, and efficient patient-centred approach to care supported by best practice. The committee comprises the chiefs of orthopaedic surgery, primary care physicians, community representatives, and other health care professionals.

As the ROSC worked through developing a strategic plan in 2013-14, one area of focus was the implementation of Novari Health's Access to Care® software. With funding support through the ESC LHIN, this web-based software system integrates specialist offices, hospital booking offices, registration departments, and pre-admission clinics. Its use will be implemented in the fall of 2014–15. The software provides intelligent wait-list management and paperless electronic booking of patients, and completely automates reporting of wait times to provincial and federal authorities.

In 2013-14, the ESC LHIN also provided $309,000 in one-time funding to make 117 additional orthopaedic surgeries available. This additional surgical capacity allowed patients with the most severe conditions to receive care sooner and helped restore their quality of life. The funding came as a result of recommendations by the ESC LHIN's ROSC to purchase implant hardware. This investment, in collaboration with hospital partners, allowed for additional patients to receive joint replacements and revisions, with a focus on shoulders, ankles, hips, and knees. Following the surgeries, the CCAC provided follow-up care in the community. This investment is the first step in a more coordinated approach to orthopaedic surgery.

Physiotherapy Reform

Physiotherapy is a health profession that is regulated by the Ontario government. It involves the assessment of neuromuscular, musculoskeletal, and cardio-respiratory systems, and the diagnosis and treatment of physical dysfunction, injury, or pain by a physiotherapist registered with the College of Physiotherapists of Ontario.

On April 18, 2013, the Ministry of Health and Long Term Care (MOHLTC) announced that more than 200,000 additional seniors and patients across the province would benefit from improved access to high-quality physiotherapy, exercise, and falls-prevention classes. In order to improve the availability of physiotherapy services across the province, the Ontario government made major changes in how physiotherapy services are funded. These changes are designed to significantly boost access for seniors, patients with complex medical concerns, and others in need. Table 1 outlines the changes in access brought about the new funding model for physiotherapy.

Table 1: How Access to Physiotherapy Has Changed in Ontario

Before	Now
The previous service delivery approach and open-ended funding model resulted in: • inequitable access for patients • accountability issues • uncoordinated care Aggressively growing financial pressure.	The new physiotherapy model ensures that: • access is improved and equitable • care providers are held accountable • care is coordinated The new funding model provides targeted care and greater value for Ontarians.

Patients will receive as many physiotherapy sessions as determined to be necessary by their physiotherapist in order for them to recover.

People eligible to receive physiotherapy services include:

- residents of long-term care homes
- those over 65 years and under 20 years of age
- Ministry of Community and Social Service (MCSS) clients between 20 and 64 years of age
- eligible people of all ages needing physiotherapy in their home or after overnight hospitalization

There are five streams of physiotherapy and exercise/falls-prevention services available. Table 2 outlines what is available in each stream and how to access the services.

Table 2: Physiotherapy Streams

	Physiotherapy Offered	Exercise and Falls Prevention Offered	How to Access
Group exercise and falls-prevention classes		Yes	Go to www.escvon.com or call 519-352-4462 ext. 5222
Long-term care	Yes	Yes	Speak with the nurse or administrator at the LTC home
In-home physiotherapy	Yes	Yes	Call 310-CCAC (2222)
Clinic-based physiotherapy	Yes		Speak with your primary care provider
Primary care	Currently, this is in the planning process. For the most recent information, please visit: www.ontario.ca/physiotherapy.		

The ESC LHIN has played a critical role in ensuring that physiotherapy reform was successful. This role has included:

- creating seamless transitions and restorative care pathways
- funding accountability
- liaising with MOHLTC
- monitoring performance metrics

As with any change, improvements will be made over time to ensure that local residents have access to high-quality, accessible physiotherapy options.

Diabetes Regional Coordination Centre Divestment

In April 2013, the responsibilities of the Diabetes Regional Coordination Centre (DRCC) program were transferred to the LHINs from MOHLTC. The DRCC program, established in 2009-10 as part of the Ontario Diabetes Strategy (ODS), was identified as a key health system investment contributing to the improvement of health outcomes for Ontarians living with diabetes and those at high risk of developing diabetes.

In assuming this role, the ESC LHIN has continued to build on the work of the DRCC, including identifying regional and local service needs for diabetes care in alignment with LHIN and provincial priorities, engaging primary care and other diabetes service providers across the region to promote service coordination and integration, and ensuring uptake on care standards and best practices.

Key goals and activities underway for 2013-14 include:

- the development of a detailed work plan for diabetes care
- the identification of regional priority activities and expected improvement results
- the advancement of a common set of performance measures
- the coordination of regional services for adults with pre-diabetes and diabetes, to support a more integrated, patient-centred, accessible, equitable, and effective system
- ensuring best return for dollars invested

In 2013-14, the ESC LHIN Chronic Disease Prevention and Management (CDPM) Team rolled out the central intake form that gives patients access to Diabetes Education Centres across the region. This newly expanded process enables physicians and care providers to make one simple referral to the CCAC, and connects patients to timely and close-to-home diabetes education programs. By having the system work together to improve this process, accessing education and diabetes care is now much easier for the patient.

eHealth

Regional Project Management Office

TransForm Shared Service Organization (TransForm), under its Transformation Office, manages the regional Project Management Office (PMO), through which LHIN-specific projects are planned, implemented, and evaluated in a systematic and efficient manner, and which establishes and enforces best practices, and project and change management.

Resource Matching and Referral Service (RM&R)

Currently underway in Erie St. Clair is the advancement of resource matching and referral. RM&R is a powerful tool to reduce ALC days and contribute to lower ED wait times. RM&R identifies people who are waiting too long or who are unnecessarily in a hospital bed, and helps them transition to another care setting to receive care.

Connecting South West Ontario Program

Regional eHealth initiatives took another big step forward in 2013-14 through the work of the Connecting South West Ontario (cSWO) program, which is funded by eHealth Ontario. London Health Sciences Centre is the delivery partner for eHealth Ontario; it has accountability for cSWO Program Management. In Erie St. Clair, TransForm is the change management and adoption delivery partner working with local health service providers to facilitate the business and technical adoption of cSWO solutions and standards into the regular delivery of care. The program involves thousands of health service providers in four LHINS: Erie St. Clair, South West, Waterloo Wellington, and Hamilton Niagara Haldimand Brant.

Connecting South West Ontario's goal is to implement a regional eHealth program that makes an individual's health information from across the continuum of care available in a timely and secure

fashion at any point of care. The regional eHealth program incorporates a number of related services, such as data support, adoption and change management, project management, privacy management, and policy development.

Regional Clinical Viewer

A key component of the cSWO program is the deployment of a regional clinical viewer (ClinicalConnect™) that enables authorized health care providers to securely view a patient's electronic health care information, regardless of where in the health care continuum it was collected, in real time, from anywhere in Southwestern Ontario.

Hospital Report Manager (HRM) Readiness

The HRM Readiness project is also rolling out in ESC, as part of the cSWO program. HRM Readiness prepares Erie St. Clair's electronic medical record (EMR) environment for the adoption of HRM. It provides a secure electronic interface between hospitals' electronic patient records (EPRs) and participating physicians' offices, allowing hospital reports to be delivered directly and securely into physicians' EMRs.

Integration

The ESC LHIN's strategic directions — achieving better care, better experiences, and better value — are realized through both formal and informal integrations. The ESC LHIN believes that integration includes a range of collaborative efforts that encompasses partnerships all the way through to merged agencies. The ESC LHIN's work in this area has resulted in an increased culture of collaboration across the health care system. Excellent examples of partnerships abound, including the Transportation Working Group in Sarnia/Lambton, the new Homeward Bound program in Chatham-Kent, and the hospitals' realignment efforts in Windsor/Essex.

Further along the path of integration is the Shared Services Back Office initiative. First introduced at the ESC LHIN Leadership Councils Forum in November 2013, this model is built on the understanding that, by combining back-office functions in one agency, human and financial resources will be freed up and can be re-allocated to frontline care. It is an initiative that is modeled on another LHIN's successes and is applicable to local health service providers. When the initiative was introduced, agencies were asked to self-identify themselves as either an early adopter or a phase-two participant.

At the end of the 2012-13 fiscal year, a transfer of funds was approved at the March 26, 2013, Open Board Meeting of the ESC LHIN. The LHIN transferred 2013-14 funding in the amount of $50,408 from Meals on Wheels Ridgetown to St. Andrew's Residence for the coordination of Meals on Wheels services for Ridgetown.

Additional integrations include those outlined in Table 3.

Table 3: ESC LHIN Integrations, 2013-14

Integrations, 2013-14			
Date	**Organization/HSP**	**Type**	**Motion**
February 25, 2014 (ESC LHIN Board meeting)	Hôtel-Dieu Grace Healthcare and Windsor Regional Hospital	Funding transfer	"Moved by Michael Hoare and seconded by Barb Bjarneson that the Erie St. Clair LHIN Board delegates the authority of signing the updated 2013/2014 Windsor Regional Hospital and Hôtel-Dieu Grace Healthcare Hospital Service Accountability Agreements (H-SAAs), once complete, to the Erie St. Clair LHIN Board Chair and the Erie St. Clair LHIN Chief Executive Officer." *Motion passed.*
January 28, 2014 (ESC LHIN Board meeting)	North Lambton CHC and Dr. Nasir Ali	Voluntary	Cardiac Rehabilitation, Sarnia/Lambton; wording captured from Board approved and signed minutes, January 28.14: "Ralph Ganter, Senior Director, Health System Design and Implementation spoke to a Briefing Note (on file), which was distributed to the Board prior to the Board Meeting."

Health Links

It is important for people with multiple complex conditions to receive the best care possible. Health Links recognize that 5% of people, through no fault of their own, use 66% of health care resources. These residents could ultimately benefit from a different type of care model, one that provides a shared-care approach with wrap-around health care services.

Health Links is a formal partnership of service providers with lateral accountability. Essentially, this means that a circle of care providers becomes accountable to one another, to the system, and to the patient, in order to improve care. The goals are to:

1. improve access to primary care
2. coordinate care across the health care system
3. allocate resources effectively, and track and demonstrate results

The Erie St. Clair region is expected to open six Health Links when the project is fully implemented; however, great progress was made in the development and implementation of Health Links in just one year. As of March 31, 2014, there are four Health Links in the development stage in the ESC LHIN. Table 4 outlines the stages of development for each Health Link.

Table 4: Health Links in Erie St. Clair

Sub-LHIN Area	Status
Chatham-Kent	✓ readiness assessment approved ✓ initial focus on Chatham city centre ✓ business case completed, submitted, and approved ✓ two-year timeline for implementation
Essex County South Shore	✓ readiness assessment completed, submitted, and awaiting approval ✓ business case completed, submitted, and awaiting approval
Grand Bend/ South Huron	✓ preliminary data review underway ✓ readiness assessment completed and submitted
Sarnia	✓ clinical advisory panel assembled ✓ preliminary data review ✓ primary care engagement project underway ✓ leadership team assembled
Windsor	✓ physician Health Links education session completed

Chatham-Kent Health Link Partners

Alzheimer Society of Chatham-Kent
Canadian Mental Health Association Lambton Kent
Chatham-Kent Community Health Centres
Chatham-Kent Family Health Team
Chatham-Kent Health Alliance
Erie St. Clair Community Care Access Centre
Erie St. Clair Local Health Integration Network
Family Service Kent
Medavie EMS Ontario, Chatham-Kent
St. Andrew's Residence
Thamesview Family Health Team
Tilbury District Family Health Team
Erie St. Clair — Victorian Order of Nurses (VON)
Westover Treatment Centre

Essex County South Shore Health Link Partners

Leamington and Area Family Health Team
Harrow Health Centre (Family Health Team)
Essex County Nurse Practitioner-Led Clinic
Erie St. Clair Community Care Access Centre
Sun Parlor Home
Victorian Order of Nurses (VON) Windsor-Essex County
Alzheimer Society of Windsor and Essex County
Windsor Essex Community Health Centre
South Essex Community Council
Canadian Mental Health Association Windsor-Essex
Essex-Windsor EMS
Leamington District Memorial Hospital
Assisted Living Southwestern Ontario
Essex Community Services

Sarnia/Lambton Health Link Partners

Alzheimer Society of Sarnia-Lambton
Canadian Red Cross
Lambton Elderly Outreach
Rapids Family Health Team
North Lambton Community Health Centre
TransForm Shared Service Organization
Twin Bridges Nurse Practitioner-Led Clinic
March of Dimes Canada
The Inn of the Good Shepherd
Family Counselling Centre
County of Lambton (day programs)
Long-Term Care Operators Sarnia-Lambton
VON – Sarnia-Lambton District
Canadian Mental Health Association
Bluewater Health

West Coast Health Link

Grand Bend Area Community Health Centre
South Huron Hospital Association
Alzheimer Society of Huron County
One Care Home & Community Support Services
Lambton Elderly Outreach
Bluewater Area Family Health Team
Erie St. Clair Community Care Access Centre
Pharmasave Grand Bend Pharmacy
Huron County EMS
Lambton Public Health
Shoppers Drug Mart #1023 Grand Bend
TransForm Shared Service Organization
Central Lambton Family Health Team
South West Community Care Access Centre
West Huron Care Centre/Blue Water Rest Home Inc.
Loblaw Independent Drug Store
County of Lambton
Canadian Mental Health Association Lambton Kent

Community Engagement

The health care system managed by the ESC LHIN serves a diverse population of 650,000 people of all ages and levels of health, from infants to seniors and from generally healthy people to those who are chronically ill and, sometimes, receiving palliative care. Each patient has different health care needs, and each expects different priorities from our health care planning.

The ESC LHIN took on several key community engagement initiatives last year, each designed to provide a better understanding of the community's health care concerns, as well as ensuring that the goals of various health care providers are reasonable, achievable, and on track.

Among these initiatives was the work of the ESC LHIN Primary Care Council. The ESC LHIN established a network of primary care providers and key stakeholders to advise the LHIN on matters related to the planning, assessment, integration, and quality-improvement aspects of LHIN activities that involve primary care. The Council worked toward creating a set of strategic initiatives to guide its activities over the next three years.

In 2013-14, the ESC LHIN Board of Directors realigned the Quality and Safety Committee with the Quality Council. The Council's mandate is to provide governance leadership and oversight for the quality of health care services in order to achieve better care, better experiences, and better value for the residents of Erie St. Clair.

Other engagement activities include ESC LHIN Open Board Meetings, at which the public, health care providers, and the media are welcome. Agendas and topics for discussion are posted online in advance so that interested parties can plan to attend. The meetings are also broadcast over the Internet so that people can follow developments from home. Open Board Meetings begin with an "open mic" segment, in which members of the public can share important information with the ESC

LHIN Board. The LHIN is active in the community, hosting dedicated informational sessions and making presentations to community groups and professional associations.

In these and other ways, the ESC LHIN is always striving to be more open, more accessible, and more customer-focused. When Erie St. Clair residents understand the reasons behind the LHIN's decisions and when they know that it's easy to communicate with us, it makes for a healthier community relationship.

Francophone Engagement

Access to health care information in their first language can help ensure healthier outcomes for Francophone residents in Erie St. Clair.

In 2013-14, a comprehensive French Language Services (FLS) Toolkit was developed as a joint initiative between the Erie St. Clair LHIN and the South West LHIN. The Toolkit's launch took place at an event in November 2013. The guest speaker, the French Language Services Commissioner of Ontario, François Boileau, reminded health service providers in attendance about the value of providing quality, culturally appropriate health services in French. The goal of the FLS Toolkit is to provide local health service providers with the resources they need to help deliver services in French.

One new service was also added in 2013-14: free falls-prevention and exercise classes in French are now offered twice a week for Francophone seniors in the Pain Court/Chatham area, as well as in Windsor.

Aboriginal

Ensuring that Aboriginal people have access to health care, including culturally safe primary care, is important. To achieve this, the ESC LHIN has made new investments, developed new partnerships, and participated in a number of events, including the following:

- The ESC LHIN provided additional annualized funding to the Chatham-Kent Community Health Centres (CK CHC) to expand primary care services on Walpole Island. The new funding allowed the CK CHC to increase programs and hire several new staff, including a full-time physician, a social worker, and traditional healers, to expand its clinic on Walpole Island.
- Working with Southwest Ontario Aboriginal Health Access Centre (S.O.A.H.A.C.) and the Windsor-Essex CHC, the ESC LHIN was able to support the hiring of an Aboriginal nurse practitioner to work out of the CanAm Indian Friendship Centre to provide primary care in an accessible and trusted community setting.
- In an effort to address the high prevalence of diabetes amongst Aboriginal people, the ESC LHIN partnered with the Southern Ontario Aboriginal Diabetes Initiative (SOADI) to plan and host Aboriginal diabetes awareness forums; the first of these events was held in Windsor. Planning has begun to host an additional two forums, one in Moraviantown and the other in Walpole Island; these events will feature Reztore Pride artists' diabetes prevention program for youth.

- Aboriginal cultural competency training is essential for ESC LHIN staff and board members. The LHIN worked with SOAHAC to plan and host a cultural competency training session that will take place in the first quarter of 2014-15.
- Planning for an Aboriginal mental wellness forum got underway in fiscal 2013-14, in partnership with SOAHAC. The event was held to foster relationships between health service providers. Planning also occurred to develop a working group focused specifically on Aboriginal mental health and addictions needs.
- The Erie St. Clair End of Life Care Network (ESC EOLCN) has engaged with the Aboriginal physician and Patient Navigator through Cancer Care Ontario (CCO). The CCO Aboriginal Patient Navigator is also actively involved with the EOLCN education subcommittee. Through this partnership, workshops have been provided in Moraviantown and requests from other Aboriginal communities are being facilitated.

We continue to work with SOAHAC to improve health outcomes and decrease the incidence of chronic disease across the Erie St. Clair region.

Table 5 outlines some of the ESC LHIN's community engagement efforts over the past fiscal year.

Table 5: ESC LHIN Community Engagement Initiatives, 2013-14

Initiative	Frequency (times per year)	Format	Content	Outcome(s)
Governance	12	Open Board Meetings	Governance of ESC LHIN and other matters.	Open Board Meetings are an opportunity for the public to learn more about local health care.
	5	Leadership Councils	Tri-county councils with governance and administrative representatives from all ESC LHIN-funded health service providers.	Shared best practices, increased partnerships between health service providers, shared learning, and networking.
	1	Leadership Councils — governance webinar	A continuation of the momentum and learning from the face-to-face Leadership Council sessions.	Continued education and enhanced governance knowledge, skills, and decision-making.
	7	"Open mic" Board meetings	Members of the public can address the ESC LHIN Board of Directors in an open mic session.	Relevant issues or questions put before the ESC LHIN Board; direct engagement with community members.
	7	Open Board Meeting highlights	Highlights of information and	Increased awareness of Board

Initiative	Frequency (times per year)	Format	Content	Outcome(s)
			decisions from Open Board Meetings distributed and posted online.	activities and media coverage of important matters.
Community Leaders' Cabinet — Chatham-Kent	N/A	Chatham-Kent Community Leaders' Cabinet	Community leaders signed a formal resolution to work together to achieve better health and quality of life for everyone in Chatham-Kent. ESC LHIN CEO Gary Switzer is a co-chair of the Cabinet.	Launched a campaign, "CK Tobacco-Free Pledge." Residents were encouraged to pledge to make a difference by discouraging people from starting, helping people to quit, and protecting people from second-hand smoke.
Hospice palliative care/end-of-life care	4	LHIN Advisory Council	Review progress on annual plan (flowing from five-year Strategic Plan) and advise LHIN as per provincial declaration document.	All sectors caring for dying patients are involved with program development.
	4 per county	Hospice Palliative Care/End of Life Care Network local engagement	Review progress at a local level.	Program integration at clinical level.
	2	Hospice Palliative Care/End of Life Care Network Education Subcommittee	Integration and delivery of education in Erie St. Clair.	Education gaps identified and addressed.
Mental health and addictions	Monthly performance meetings and quarterly meetings	Telemed nurses' meetings	There are 14 Telemed nurses in the ESC LHIN focusing on chronic disease management and mental health and addictions in primary population groups.	Increase access and provide care closer to home, reduce hospital transfers, and, where warranted, facilitate transfers.
	6	Leamington District Memorial Hospital and Area — Mental Health & Addiction Coordination and Partnership	Ensures that mental health and addiction services are provided in the county on a partnership and coordinated basis.	Equitable service delivery and access.

Initiative	Frequency (times per year)	Format	Content	Outcome(s)
	4	Falls-prevention and exercise classes	Meeting with partners re falls-prevention and exercise classes: VON, CHCs, public health units.	Reduce the rate of falls, premature admissions to LTC, and fractures.
	4	Mental Health and Addictions Network	ESC LHIN Mental Health and Addictions Network.	Leadership, monitoring, and oversight of mental health and addiction services, performance, and new funding.
	1	BSO Hoarding and Community Supports Meeting/Workshop	Workshop for professionals regarding risk factors associated with hoarding.	Brought together professionals throughout the community to discuss risk factors associated with hoarding. Formation of new Hoarding Steering Committee in Chatham-Kent.
	1	Children and youth with addictions	Meeting to map out current state of services for youth with addiction needs.	Met with service providers from health, addictions, MCYS, etc. Mapped current state. Helped to form plan for Youth Mental Health and Addiction Lead.
	4	Southwest Corrections and Mental Health Working Group	Brought together professionals from MCSCS, CMHA, CHCs, and hospitals. This group aligns with the Provincial Task Force.	Working group to assist in planning for mental health needs for the new southwestern corrections facility.
	4	BSO Governance Working Group	Assist in rollout of the Behavioural Supports Ontario program.	Planning, data collection, and collaboration around the BSO program.

Initiative	Frequency (times per year)	Format	Content	Outcome(s)
	4	Community Support Services/First Link/Respite Adult Day Programs Working Group	Working group with HSPs to standardize respite, adult day program (ADP) services.	Working toward standardized processes and quality, e.g., embedding nursing into ADP services.
	6	Mental Health Addictions Performance (sub-working groups)	Met with mental health and addiction providers to ensure quality and standard data reporting.	Plan and update performance tracking with providers.
	6	Eating Disorders Working Group	Eating disorder providers (Windsor Essex Community Health Centre and Bulimia Anorexia Nervosa Association) and bariatric providers met to discuss the interface between the two services. Continue to meet and focus on how the services should interface at the point of intake, assessment, and shared treatment groups and follow up.	The group determined that the bulk of the needs are for integrated therapeutic interventions, potential shared specialized assessment, and co-led groups.
	4	Housing and mental health/addiction services (municipalities, CCAC, and ESC LHIN)	In partnership with the three municipalities, the LHIN worked to streamline services and ensure access and clear communication.	Streamline services, improve access, create clear communication and partnerships.
ED/ALC	10	ESC LHIN Executive Nurse/Clinical Leaders Advisory Council	Stays the same as last year.	Stays the same as last year.
	2	ALC Performance Working Group	To promote and support strategies across the ESC LHIN regions that will ensure persons are living in the most appropriate setting; optimize system	Develop a system that will accurately measure, describe, and monitor the current and ongoing ALC situation with the ESC LHIN.

Initiative	Frequency (times per year)	Format	Content	Outcome(s)
			capacity and avoid and reduce duplication by integrating sectors.	
Aboriginal	3	Aboriginal and Métis Diabetes Awareness Planning Committee	A committee of local Aboriginal health care professionals, stakeholders, and ESC LHIN staff.	Identified urban Aboriginal and Métis health needs and planned an information-sharing event aimed at improving healthy lifestyles in the at-risk community.
	1	Aboriginal Diabetes Awareness Day	Collaborative event for information sharing, traditional healing, and networking between Aboriginal and "mainstream" health service providers.	Community learning around healthy eating and exercise practices that are culturally relevant; networking between local HSPs.
	1	Joint ESC LHIN, SOAHAC, and Aboriginal Front Line Workers Committee (Windsor)	Information sharing and planning for urban Aboriginal and Métis communities.	Identified urban Aboriginal and Métis communities' health issues and connected with existing SOAHAC services.
	2	Aboriginal Diabetes Prevention Planning with SOADI	SOADI worked collaboratively with the ESC LHIN to set priorities for prevention activities across the LHIN region.	Two prevention events are planned and supported by the ESC LHIN for 2014-15 at Moraviantown and Walpole Island; both aimed at youth.
	1	Aboriginal Mental Health and Addictions Planning Task Group	Planning session between SOAHAC and ESC LHIN staff for Aboriginal Mental Wellness one-day event.	Aboriginal Mental Health and Addictions Forum took place in April 2014, leading to formalized sub-committee of ESC LHIN Mental Health and Addictions Network.

Initiative	Frequency (times per year)	Format	Content	Outcome(s)
Francophone	4	ESC/SW LHIN and French Language Health Planning Entities (FLHPE) Liaison Committee	To provide a forum for collaboration and ongoing dialogue among the FLHPE, the SW LHIN, and the ESC LHIN in order to improve health outcomes for the Francophone population in these regions.	Partners are working collaboratively to improve access to and accessibility of services in French, with a special focus on priority population groups, including people with mental health and addiction issues, people living with a chronic disease, and seniors and adults with complex needs.
	2 focus groups with seniors; 4 group discussions with stakeholders	FLHPE study on services to Francophone seniors	To support the FLHPE in organizing focus groups with seniors as well as group discussions and one-on-one interviews with stakeholders (health service providers and LHIN leads).	The FLHPE was able to better understand the situation regarding services to Francophone seniors, both from the seniors' and stakeholders' perspectives.
	1	In-service meeting with identified and designated health service providers	To introduce the French Language Services Toolkit, provide other FLS updates, and engage in discussion on current issues and next steps.	Identified and designated health service providers are now well resourced to move forward with the delivery of services in French.
	3	LTC facility operators group meeting	To introduce and distribute the French Language Services Toolkit.	Health services providers are aware of the Toolkit and its content.
	9	One-on-one meeting with health service providers	To introduce the French Language Services Toolkit or follow-up on its use, and engage in discussion on current issues and next steps.	Identified and designated health service providers are familiar with the Toolkit and are more confident in moving forward with the delivery of services in French.

Initiative	Frequency (times per year)	Format	Content	Outcome(s)
Rehabilitation	9	ESC LHIN Rehabilitation Strategic Plan Implementation Committee meetings	Provider and stakeholder-based network providing support for system planning, integration, and implementation.	Work toward goals noted in the Rehabilitation Strategic Plan.
	1	ESC LHIN Rehabilitative Care Forum, "Functional Decline and Rehabilitation of the Frail Elderly: Building our Knowledge." Held Wednesday, September 18, 2013, in Windsor. Attendance: 88 health service providers across the care continuum.	Education and knowledge building through presentations by a Lead Geriatrician, ESC LHIN Rehab Lead, and two local rehabilitative care providers. Participant engagement in a facilitated discussion on key system needs for improvement in rehabilitative care of the elderly.	Developed recommendations on standardization, collaboration, and consistency of services; need for increased specialized expertise, integration, and adherence to best practices in care of older adults. Recommendations incorporated into ESC LHIN business cases (approval pending).
Chronic disease and prevention management	3	Windsor-Essex COPD Working Group	Provider and stakeholder networks were developed to advance a care path planning model within the context of the CDPM continuum of care.	Working groups identified local needs and worked collaboratively to develop care paths. Members provided leadership and input into the development of business cases to address CDPM needs.
	4	Windsor-Essex Diabetes Working Group		
	4	Windsor-Essex Stroke Working Group		
	4	Windsor-Essex CHF Working Group		

Initiative	Frequency (times per year)	Format	Content	Outcome(s)
	4	Windsor-Essex Prevention Working Group		
	6	Windsor-Essex Smoking Cessation Working Group	Working groups established to address smoking-cessation rates through the development of a care path model.	Current-state care path model was identified. Future-state care path model was developed based upon local needs, research, and best practices. Business-case development process was initiated and will be completed in 2014-15.
	2	Chatham-Kent Smoking Cessation Working Group		Working group agreed on a terms of reference and began planning toward development of a future-state care path.
	1	Chronic Disease Prevention and Management Key Concept Planning Forum	A forum was held with 40 providers and stakeholders from across the ESC LHIN to define and operationalize key concepts that were consistent across all CDPM care paths.	Information was utilized in the development of the CDPM business cases.
	1	Chronic Disease Prevention and Management Forum — Community Capacity Building Exercise	This forum, attended by 53 providers and stakeholders, provided an orientation of the business case-development process within the context of the CDPM care paths.	Working groups were enacted and provided with a clear overview in developing CDPM business cases.

Initiative	Frequency (times per year)	Format	Content	Outcome(s)
	36 (6 working groups met 6 times)	Chronic Disease Prevention and Management Business Case Working Groups	Working groups were established to develop business cases.	26 business cases were developed by the CDPM working groups.
Primary care	4	Council meetings	Council focused on developing a three-year strategic plan.	Three-year strategic plan finalized.
Quality	2	Council meetings	The Quality Council and the Quality and Safety Committee merged into one entity, now called the Quality Council.	The Quality Council agreed that first quality initiative to focus on stroke care.
Orthopaedic	3	Regional Orthopaedic Committee	Committee work focused on developing a three-year strategic plan.	Three-year strategic plan finalized. Purchased Novari Health's Access to Care[60] software to streamline surgical booking and gain efficiencies in service.

Board of Directors

Name	Position	Location	Tenure
Martin Girash	Chair	Windsor	November 20, 2013–November 19, 2016
Michael (Mike) Hoare	Vice Chair	Grand Bend	May 17, 2011–May 16, 2014
Mike Lowther	Director	Chatham-Kent	October 6, 2010–October 5, 2013 October 6, 2013–October 5, 2016 (Re-appointment)
Barbara Bjarneson	Director	Windsor	February 9, 2011–February 8, 2014 February 9, 2014–February 8, 2017 (Re-appointment)
Robert (Bob) Bailey	Director	Amherstburg	April 18, 2011–April 17, 2014
Joseph Bisnaire	Director	Windsor	June 2, 2011–June 1, 2014

Ministry-LHIN Performance Agreement (MLPA)

The MLPA sets out the obligations of MOHLTC and the ESC LHIN to fulfill its mandate to plan, integrate, and fund local health care services. Developing and updating this accountability agreement is a collaborative process that defines the relationship between MOHLTC and the ESC LHIN and helps us strengthen local health care.

Table 6: ESC LHIN Report on MLPA Performance Indicators

PI No.	Performance Indicator	LHIN 2013/14 Starting Point	LHIN 2013/14 Performance Target	Most Recent Quarter 2013/14 LHIN Performance	FY 2013/14 LHIN Annual Result
The ESC LHIN continues to be a high performer in emergency room (ER) admitted length of stay (LOS), CT scans, 30-day readmissions for case mix groups (CMGs), cataract, MRI, CCAC, and 30-day revisits for substance abuse. For cancer and ER LOS non-admitted low acuity, the ESC LHIN is performing better than the provincial average. The LHIN has opportunities to improve ER LOS for high acuity for admitted patients, physician initial assessment, time to in-patient bed, ALC, hip and knee replacement, and mental health/addictions 30-day revisits. ALC continues to be a top priority for the ESC LHIN. The Home First strategy is beginning to succeed and there are fewer people in our hospital beds waiting for LTC, and more patients discharged to home/community with the proper support services. A key emphasis is being placed on 30-day readmission rates and on the chronic disease management model. The ESC LHIN has also implemented an orthopaedic strategy that is beginning to have an impact on hip and knee replacement wait times, and is in the process of implementing a mental health and substance abuse strategic plan that will decrease the 30-day ED visits rate. As well, there has been success using an integrated approach to support mental health and addictions between the Canadian Mental Health Association (CMHA) and acute MH services sectors within Chatham-Kent and Sarnia/Lambton.					

Access to Health Care Services					
The ESC LHIN has made substantial gains in ED LOS for admitted patients and continues to perform significantly better than the provincial average. Additionally, the ESC LHIN continues to be one of the best-performing LHINs for cancer, MRI, CT, and cataract wait times.					
1	90th percentile ER length of stay for admitted patients	24.18	20.00	24.50	22.67
2	90th percentile ER length of stay for non-admitted complex (CTAS I-III) patients	6.92	6.50	6.88	6.92
3	90th percentile ER length of stay for non-admitted minor uncomplicated (CTAS IV-V) patients	3.85	3.90	3.85	3.82
4	Percent of priority IV cases completed within access target (84 days) for cancer surgery	96.00%	90.00%	93.75%	96.69%
5	Percent of priority IV cases completed within access target (90 days) for cardiac by-pass surgery	NA	NA	NA	NA
6	Percent of priority IV cases completed within access target (182 days) for cataract surgery	100%	90.00%	98.97%	98.88%
7	Percent of priority IV cases completed within access target (182 days) for hip replacement	87.00%	90.00%	88.59%	83.01%
8	Percent of priority IV cases completed within access target (182 days) for knee replacement	85.00%	85.00%	77.64%	77.35%
9	Percent of priority IV cases completed within access target (28 days) for MRI scans	85.00%	90.00%	50.69%	68.31%
10	Percent of priority IV cases completed within access target (28 days) for CT scans	95.00%	90.00%	93.64%	96.47%
Integration and Coordination of Care					
The ESC LHIN has a higher demand for LTC than current capacity allows. ALC rates are trending down. A delay in the opening of LTC beds in Windsor has required the ESC LHIN to make alternative investments in community support services, interim LTC beds, convalescent care beds, complex continuing care beds, and assisted living services. These investments will be further supported through the implementation of key priority areas (i.e., stroke, orthopaedic, frail/geriatrics) as outlined in the ESC LHIN Rehabilitation Strategic Plan and the Assess and Restore philosophy. The ESC LHIN also has one of the best wait times for CCAC services in the province. Investments have been initiated with RAIT teams and additional consultant support via telemedicine to rural areas.					
11	Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution*	15.30%	15.30%	20.37%	20.10%
12	90th Percentile Wait Time for CCAC In-Home Services — Application from Community Setting to first CCAC Service (excluding case management)*	17.00	17.00	16.00	23.00

Quality and Improved Health Outcomes					
The ESC LHIN has made substantial gains in substance abuse 30-day revisits. Readmissions for selected 30-day readmission rates continue to be low in the LHIN because of the implementation of a Chronic Disease Strategy and a Mental Health and Addictions Strategic Plan. In addition, several key investments include supporting withdrawal management services day programming in Sarnia/Lambton and new partnership initiatives with MCSS, between addiction providers and domestic violence/sexual assault crisis providers.					
13	Readmission within 30 Days for Selected CMGs**	15.56%	12.80%	16.54%	15.19%
14	Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions*	19.10%	17.60%	18.92%	19.20%
15	Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	23.20%	22.00%	19.97%	22.87%
**FY 2013/14 is based on most recent four quarters of data (Q4 2012/13 - Q3 2013/14) due to availability* ***FY 2013/14 is based on most recent four quarters of data (Q3 2012/13 - Q2 2013/14) due to availability*					

Operational Performance

The ESC LHIN finished the year with a small budget surplus, details of which can be found in our statement of financial activities. We provided $1,123.8 million of funding to 82 health service providers in 2013-14, with an operational budget of $5.6 million and project budgets totaling $1.3 million.

Sector	Funding ($ Million)
Hospital	690.1
Long-term care	195.8
Community Care Access Centres	130.3
Mental health	34.1
Community Health Centres	31.6
Community support services	20.7
Addictions	10.1
Assisted-living service supportive housing	9.5
Acquired brain injury	1.6
LHIN operations	6.9
Total for fiscal 2013-14	**$ 1,130.7**

In 2013-14, the ESC LHIN grew to 36 employees. This staff expansion will help us meet new requirements from the devolution of the Diabetes Regional Coordination Centre activities (which occurred in the latter part of the 2012-13 fiscal year) and to expand the Performance Team to meet growing demands for information.

During the year, four individuals served as Professional Leads for the ESC LHIN:

- Dr. Eli Malus, Critical Care Lead
- Dr. David Ng, Emergency Department Lead
- Dr. Martin Lees, Primary Care Lead
- Paul Audet, eHealth Lead

Projects that continue to receive additional funding from MOHLTC include:

- Continued support of the French Language Health Planning Entity
- Funding for Aboriginal engagement
- Continued funding support for the Critical Care, Primary Care, and Emergency Department Leads
- Continued support for Alternate Level of Care Resource Matching and Referral Business Technology Information

The Chronic Disease and Prevention Management Team continued to focus on diabetes and was responsible for the Diabetes Regional Coordination Centre deliverables. 2013-14 was the Centre's first full year under ESC LHIN management.

Management Responsibility Report

The management of the ESC LHIN is responsible for preparing the accompanying financial statements in conformity with generally accepted accounting principles. In preparing these financial statements, management selects appropriate accounting policies and uses its judgment and best estimates to report events and transactions as they occur. Management has determined such amounts on a reasonable basis in order to ensure the financial statements are presented fairly, in all material respects. Financial data included throughout this Annual Report is prepared on a basis consistent with that of the financial statements.

The ESC LHIN maintains a system of internal accounting controls designed to provide reasonable assurance, at a reasonable cost, that assets are safeguarded and that transactions are executed and recorded in accordance with the ESC LHIN's policies for doing business.

The Board of Directors is responsible for ensuring that management fulfills its responsibility for financial reporting and internal control, and is ultimately responsible for reviewing and approving the financial statements. The Board carries out this responsibility principally through its Finance and Audit Committee. The Committee meets approximately four times annually to review audited and unaudited financial information. Deloitte & Touche LLP has full and free access to the Finance and Audit Committee.

Management acknowledges its responsibility to provide financial information that is representative of the ESC LHIN's operations, is consistent and reliable, and is relevant for the informed evaluation of the ESC LHIN's activities.

Gary Switzer
Chief Executive Officer

Matthew Little, CPA, CMA
Chief Financial Officer

May 27, 2014

Financial statements of

Erie St. Clair Local Health Integration Network

March 31, 2014

Erie St. Clair Local Health Integration Network

March 31, 2014

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Independent Auditor's Report

To the Members of the Board of Directors of the
Erie St. Clair Local Health Integration Network

We have audited the accompanying financial statements of Erie St. Clair Local Health Integration Network, which comprise the statement of financial position as at March 31, 2014, and the statements of operations, change in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audit is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Erie St. Clair Local Health Integration Network as at March 31, 2014 and the results of its operations and its cash flows for the years then ended in accordance with Canadian public sector accounting standards.

Deloitte LLP

Chartered Professional Accountants, Chartered Accountants
Licensed Public Accountants
May 27, 2014

Erie St. Clair Local Health Integration Network

Statement of financial position
as at March 31, 2014

	2014	2013
	$	$
Financial assets		
Cash	**835,963**	624,974
Due from Ministry of Health and Long-Term Care ("MOHLTC") (Note 8)	**240,400**	28,500
Accounts receivable	**71,105**	53,316
	1,147,468	706,790
Liabilities		
Accounts payable and accrued liabilities	**786,005**	672,469
Due to MOHLTC (Note 11b)	**150,645**	6,305
Due to Health Service Providers ("HSPs") (Note 8)	**240,400**	28,500
Due to the LHIN Shared Services Office (Note 4)	**291**	3,398
Deferred capital contributions (Note 5)	**518,670**	336,404
	1,696,011	1,047,076
Net debt	**(548,543)**	(340,286)
Commitments (Note 14)		
Non-financial assets		
Prepaid expenses	**29,873**	3,882
Tangible capital assets (Note 6)	**518,670**	336,404
Accumulated surplus	**-**	-

Approved by the Board

_____ Director

_____ Director

The accompanying notes to the financial statements are an integral part of this financial statement.

Erie St. Clair Local Health Integration Network

Statement of operations
year ended March 31, 2014

	Budget (Note 7)	2014 Actual	2013 Actual
	$	$	$
Revenue			
MOHLTC funding			
HSP transfer payments (Note 8)	1,080,197,506	1,123,759,065	1,101,919,942
Operations of LHIN	5,483,100	5,213,821	4,231,879
Emergency Department Lead (Note 10a)	75,000	75,000	75,000
Critical Care Lead (Note 10b)	75,000	75,000	75,000
Primary Care Lead (Note 10c)	75,000	75,000	75,000
French Language Health Planning Entities Fund (Note 10d)	425,500	425,533	425,533
Enabling Technologies (Note 10e)	580,000	852,000	784,000
Amortization of deferred capital contributions (Note 5)	-	157,161	72,062
	1,086,911,106	1,130,632,580	1,107,658,416
Funding repayable to the MOHLTC (Note 11)	-	(150,645)	(69,945)
	1,086,911,106	1,130,481,935	1,107,588,471
Expenses			
Transfer payments to HSPs (Note 8)	1,080,197,506	1,123,759,065	1,101,919,942
General and administrative (Note 9)	5,483,100	5,220,904	4,303,941
Emergency Department Lead (Note 10a)	75,000	74,433	75,000
Critical Care Lead (Note 10b)	75,000	75,000	68,695
Primary Care Lead (Note 10c)	75,000	75,000	75,000
French Language Health Planning Entities Fund (Note 10d)	425,500	425,533	425,533
Enabling Technologies (Note 10e)	580,000	852,000	720,360
	1,086,911,106	1,130,481,935	1,107,588,471
Annual surplus and accumulated surplus, end of year	-	-	-

The accompanying notes to the financial statements are an integral part of this financial statement.

Erie St. Clair Local Health Integration Network

Statement of change in net debt
year ended March 31, 2014

	Budget (Note 7)	2014 Actual	2013 Actual
	$	$	$
Annual surplus			-
Prepaid expenses incurred	-	(29,873)	(3,882)
Prepaid expenses expired	-	3,882	12,513
Acquisition of tangible capital assets	(350,000)	(339,427)	(374,977)
Amortization of tangible capital assets	150,000	157,161	72,062
Increase in net debt	(200,000)	(208,257)	(294,284)
Net debt, beginning of year	(340,286)	(340,286)	(46,002)
Net debt, end of year	(540,286)	(548,543)	(340,286)

The accompanying notes to the financial statements are an integral part of this financial statement.

Erie St. Clair Local Health Integration Network

Statement of cash flows
year ended March 31, 2014

	2014	2013
	$	$
Operating transactions		
Annual surplus	-	-
Less items not affecting cash		
Amortization of tangible capital assets	**(157,161)**	72,062
Amortization of deferred capital contributions (Note 5)	**157,161**	(72,062)
Changes in non-cash operating items		
(Increase) decrease in due from MOHLTC	**(211,900)**	1,435,200
(Increase) decrease in accounts receivable	**(17,789)**	164,882
Increase in due from LHIN Shared Services Office	-	2,729
Increase (decrease) in accounts payable and accrued liabilities	**113,536**	(29,478)
Increase (decrease) in due to MOHLTC	**144,340**	(18,900)
Increase (decrease) in due to HSPs	**211,900**	(1,435,200)
(Decrease) increase in due to LHIN Shared Services Office	**(3,107)**	3,398
(Increase) decrease in prepaid expenses	**(25,991)**	8,631
	210,989	131,262
Capital transaction		
Acquisition of tangible capital assets	**(339,427)**	(374,977)
Financing transaction		
(Decrease) increase in deferred capital contributions (Note 5)	**339,427**	374,977
Net increase in cash	**210,989**	131,262
Cash, beginning of year	**624,974**	493,712
Cash, end of year	**835,963**	624,974

The accompanying notes to the financial statements are an integral part of this financial statement.

1. Description of business

The Erie St. Clair Local Health Integration Network was incorporated by Letters Patent on June 2, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the Erie St. Clair Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The LHIN has also entered into an Accountability Agreement with the Ministry of Health and Long Term Care ("MOHLTC"), which provides the framework for LHIN accountabilities and activities.

Commencing April 1, 2007, all funding payments to LHIN managed health service providers in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized Health Service Providers ("HSPs") are expensed in the LHIN's financial statements for the year ended March 31, 2014.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers the Municipalities of Essex, Lambton and Chatham-Kent. The LHIN enters into service accountability agreements with service providers.

The LHIN is funded by the Province of Ontario in accordance with the Ministry-LHIN Performance Agreement ("MLPA"), which describes budget arrangements established by the MOHLTC. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to HSPs, effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP. The cash associated with the transfer payment does not flow through the LHIN bank account.

The LHIN financial statements do not include any MOHLTC managed programs.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian generally accepted accounting principles for governments as established by the Public Sector Accounting Board ("PSAB") of the Canadian Institute of Chartered Accountants ("CICA"). Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable.

Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of tangible capital assets and losses in the value of assets.

2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. Unspent amounts are recorded as payable to the MOHLTC at period end. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed.

Deferred capital contributions

Any amounts received that are used to fund expenses that are recorded as tangible capital assets, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the statement of operations, is in accordance with the amortization policy applied to the related capital asset recorded.

Segment disclosures

A segment is defined as a distinguishable activity or group of activities for which it is appropriate to separately report financial information. Management has determined that existing disclosures in the statement of operations and within the related notes for both the prior and current year sufficiently discloses information of all appropriate segments and, therefore, no additional disclosure is required.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant items subject to such estimates and assumptions include valuation of accrued liabilities and useful lives of the tangible capital assets. Actual results could differ from those estimates.

3. Changes in accounting estimate

Tangible capital assets

Tangible capital assets are recorded at cost. Cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of capital assets. The cost of capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed tangible capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the tangible capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a tangible capital asset are capitalized. Computer software is recognized as an expense when incurred.

Tangible capital assets are stated at cost less accumulated amortization. A modification was made to the capital asset policy surrounding the amortization of leasehold improvements to reflect a 5-year period. Tangible capital assets are amortized over their estimated useful lives as follows:

Office equipment	5 years straight-line method
Computer equipment	3 years straight-line method
Leasehold improvements	5 years straight-line method

For assets acquired or brought into use during the year, amortization is provided for a full year.

4. Related party transactions

The LHIN Shared Services Office (the "LSSO") is a division of the Toronto Central LHIN and is subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs is responsible for providing services to all LHINs. The full costs of providing these services are billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHINs at the year end is recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the shared service agreement the LSSO has with all the LHINs.

The LHIN Collaborative (the "LHINC") was formed in fiscal 2010 to strengthen relationships between and among health service providers, associations and the LHINs, and to support system alignment. The purpose of LHINC is to support the LHINs in fostering engagement of the health service provider community in support of collaborative and successful integration of the health care system; their role as system manager; where appropriate, the consistent implementation of provincial strategy and initiatives; and the identification and dissemination of best practices. LHINC is a LHIN-led organization and accountable to the LHINs. LHINC is funded by the LHINs with support from the MOHLTC.

5. Deferred capital contributions

	2014	2013
	$	$
Balance, beginning of year	**336,404**	33,489
Capital contributions received during the year	**339,427**	374,977
Amortization for the year	**(157,161)**	(72,062)
Balance, end of year	**518,670**	336,404

6. Tangible capital assets

	Cost	Accumulated amortization	2014 Net book value	2013 Net book value
	$	$	$	$
Office equipment	778,010	539,802	238,208	141,027
Computer equipment	210,259	176,169	34,090	67,366
Leasehold improvements	903,609	657,237	246,372	128,011
	1,891,878	1,373,208	518,670	336,404

7. Budget figures

The budget was approved by the Government of Ontario. The budget figures reported in the statement of operations reflect the initial budget at April 1, 2013. The figures have been reported for the purposes of these statements to comply with PSAB reporting requirements. During the year the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

The final HSP funding budget of $1,123,022,919 is derived as follows:

	$
Initial budget	1,080,197,506
Adjustment due to announcements made during the year	43,561,559
	1,123,759,065

The final LHIN budget, excluding the HSP funding, of $6,716,354 is derived as follows:

	$
Initial budget	6,713,600
Change in funding from the MOHLTC during the year	456,739
Amount treated as capital contributions made during the year	(339,427)
	6,830,912

8. Transfer payments to HSPs

The LHIN has authorization to allocate funding of $1,123,759,065 (2013 - $1,101,919,942) to various HSPs in its geographic area. The LHIN approved transfer payments to various sectors in 2014 as follows:

	2014	2013
	$	$
Operation of hospitals	**689,900,515**	697,996,636
Grants to compensate for municipal taxation - public hospitals	**172,500**	167,625
Long-term care homes	**195,821,372**	184,146,983
Community care access centres	**130,322,363**	122,251,743
Community support services	**20,743,340**	18,352,826
Assisted living services in supportive housing	**9,460,183**	8,326,183
Community health centres	**31,630,431**	25,903,474
Community mental health addictions programs	**11,637,690**	10,921,946
Community mental health programs	**34,070,671**	33,852,526
	1,123,759,065	1,101,919,942

The LHIN receives money from the MOHLTC and in turn allocates it to the HSPs. As at March 31, 2014, an amount of $240,000 (2013 - $28,500) was receivable from the MOHLTC and payable to HSPs. These amounts have been reflected as revenue and expenses in the statement of operations and are included in the table above.

9. General and administrative expenses

The statement of operations presents the expenses by function. The following classifies general and administrative expenses by object:

	2014	2013
	$	$
Salaries and benefits	**3,709,410**	2,950,868
Occupancy	**382,300**	286,711
Amortization	**157,161**	72,062
Shared services	**351,662**	393,210
Public relations	**27,958**	62,775
Consulting services	**56,223**	25,144
Supplies	**39,123**	29,334
Board Chair per diems	**15,375**	22,600
Board member per diems	**47,600**	37,375
Board member expenses	**48,346**	58,762
Mail, courier and telecommunications	**77,280**	68,578
LHIN collaborative	**47,500**	47,500
Other	**260,966**	249,022
	5,220,904	4,303,941

9. General and administrative expenses (Continued)

Diabetes Regional Coordination Centres

The LHIN received $888,328 (2013 - $106,800) in base funding and $246,800 (2013 - $126,555) in one-time funding, which is included in the operating expenses of the LHIN, related to the assumption of work plan deliverables for diabetes and chronic disease management planning effective February 1, 2013. Expenses incurred of $867,054 (2013 - $106,800) are included in general and administrative expenses in the statement of operations and capital asset purchase of $121,909 (2013 - $126,555) are included in general and administrative expenses in the statement of operations and included in tangible capital asset is made up as follows:

	2014	2013
	$	$
Salaries and benefits	**665,210**	52,400
Operating expenses	**201,844**	54,400
General and administrative expenses	**867,054**	106,800
One-time expenses - Capital Purchases	**121,909**	126,555
	988,963	233,355

The unspent amount of $146,165 is repayable tot the MOHLTC, see Note 11 a).

10. Programs

a) *Emergency Department Lead*

The MOHLTC provided the LHIN with $75,000 (2013 - $75,000) to hire a LHIN representative for emergency department planning. The representative provided professional advisory services and travel expenses totaling $74,433 (2013 - $75,000) and the amount of $567 is recorded as repayable to the MOHLTC.

b) *Critical Care Lead*

The MOHLTC provided the LHIN with $75,000 (2013 - $75,000) to hire a LHIN representative for critical care planning. The representative provided professional advisory services and travel expenses totaling $75,000 (2013 - $68,695).

c) *Primary Care Lead*

The MOHLTC provided the LHIN with $75,000 (2013 - $75,000) to hire a LHIN representative for primary care planning. The representative provided professional advisory services and travel expenses totaling $75,000 (2013 - $75,000).

d) *French Language Health Planning Entity*

The MOHLTC provided the LHIN with $425,533 (2013 - $425,533) to continue to fund the French Language Planning Entity on behalf of the Southwest and Erie St. Clair LHINs. All funds were expended by Entité De Planification Erié St-Clair Sud Ouest.

e) *Enabling Technologies*

Effective February 1, 2012, an agreement was formed with Erie St. Clair, South West, Waterloo Wellington and Hamilton Niagara Haldimand Brant LHINs (the "Cluster") in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographic area of the Cluster. Under the agreement, decisions related to the financial and operating activities of the Enabling Technologies for Integration Project Management Office are shared. No LHIN is in a position to exercise unilateral control.

10. Programs (continued)

e) Enabling Technologies (continued)

The LHIN's financial statement reflects its share of the MOHLTC funding for Enabling Technologies for Integration Project Management Offices for its Cluster and related expenses. During the year, the LHIN received funding from South West LHIN of $852,000 (2013 - $784,000). The LHIN had a contract and retained services of the Transform Share Services Organization ("TSSO") during 2014 and with Consolidated Health Information Services ("CHIS") during 2013. CHIS is now a division within the TSSO effective January 1, 2013. All funds were expended.

11. Funding repayable to the MOHLTC

In accordance with the MLPA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

In accordance with the TPA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to MOHLTC.

a) The amount repayable to the MOHLTC related to current year activities is made up of the following components:

	Funding received	Eligible expenses	2014 Funding excess	2013 Funding excess
	$	$	$	$
Transfer payments to HSPs	1,123,759,065	1,123,759,065	-	-
LHIN operations	5,213,821	5,063,743	150,078	-
French Language Health Planning Entities Fund	425,533	425,533	-	-
Critical Care Lead Fund	75,000	74,433	567	6,305
Primary Care Lead Fund	75,000	75,000	-	-
Emergency Department Lead	75,000	75,000	-	-
Enabling Technologies	852,000	852,000	-	63,640
	1,130,475,419	1,130,324,774	150,645	69,945

b) The continuity of the amount due to the MOHLTC at March 31 is as follows:

	2014	2013
	$	$
Due to MOHTLC, beginning of year	6,305	25,205
Funding repayable to the MOHLTC related to current year activities (Note 10a)	150,645	69,945
Amounts repaid to MOHLTC during the year	(6,305)	(88,845)
Due to MOHLTC, end of year	150,645	6,305

12. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 25 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2014 was $262,561 (2013 - $212,520) for current service costs and is included as an expense in the statement of operations. The last actuarial valuation was completed for the plan as at December 2013. At that time, the plan was fully funded.

13. Guarantees

The LHIN is subject to the provisions of the *Financial Administration Act*. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favor of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the *Local Health System Integration Act*, 2006 and in accordance with s. 28 of the *Financial Administration Act*.

14. Commitments

The LHIN has funding commitments to health service providers associated with accountability agreements. The LHIN had the following funding commitments as of March 31, 2014.

	$
2015	46,001,969
2016	46,001,969
2017	46,001,969

The LHIN also has commitments under various operating leases related to building and equipment, which will be renewed in accordance with standard lease terms. Minimum lease payments due in each of the next five years are as follows:

	$
2015	365,873
2016	356,199
2017	339,175
2018	327,175
2019	327,175

Cover Photo

Our Annual Report cover photo is a local Chatham-Kent resident, named Mavis. Mavis currently resides at the Blenheim Community Village.

Erie St. Clair **LHIN**
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Ontario

Erie St. Clair Local Health Integration Network

Réseau local d'intégration des services de santé d'Érié St. Clair